

HAWAII DRUG CONTROL ACTION PLAN

INTERIM REPORT SEPTEMBER 2004

About the Interim Report

This interim report describes Hawaii Drug Control Action Plan meetings #7-9 held on August 10, August 24, and September 14, 2004. The report was extracted from detailed notes submitted by the facilitators for all of the ad hoc committee meetings and has been formatted to allow for quick review. Notes were abbreviated and condensed for a concise exposition of the information.

Status of the Action Planning Process

Five ad hoc committees – Community Mobilization, Legal Changes, Multi-Sector Collaboration, Prevention, and Treatment—were convened to develop a drug control action plan for the State of Hawaii. They have been asked to identify opportunities to improve the system of services that deal with drugs and underage drinking in Hawaii.

Nine out of a series of ten meetings have been held since the planning process began in May 2004. In the first four meetings, members were guided by agendas drafted by the lead facilitator and concentrated on creating a shared vision by:

- a. generating an initial list of ideas for taking action using success stories to identify opportunities for building on or replicating success;
- b. developing criteria for evaluating action opportunities;
- c. applying criteria to the initial list of actions; and
- d. drafting a vision statement.

Committees designed their own action planning process for meetings #5-9. Members received a packet of prototype agendas created by the lead facilitator. The agendas outlined mandatory and optional tasks to be completed at the remaining sessions. Members could choose any sequence of tasks, disregard optional components, or construct their own agendas, proceeding in whatever manner they selected. The only requirement was that they produce their recommended actions and supporting arguments by meeting #10.

By the last meeting, it is expected that the committees will have:

1. one to five clearly articulated recommended actions for the action plan, and that
2. these recommended actions will be supported by
 - a. data and information to make a compelling case,
 - b. an understanding of the impact these proposed actions will have on others,
 - c. anticipated outcomes or results that move the State closer to its vision, and
 - d. strategies for sustainability over time.

Mandatory and optional tasks for the committees are:

Mandatory Tasks	Optional Components
<ul style="list-style-type: none">◆ Data and information required for informed decision-making—Identify and acquire critical data that will allow for informed decision-making on the proposed actions.<ul style="list-style-type: none">• Identify data and information and build a compelling case for action.• Select critical data and information.• Identify volunteers to locate the data and information.◆ Outcomes: Determining what success looks like—Identify anticipated outcomes resulting from the proposed actions.<ul style="list-style-type: none">• Identify positive changes or successes that will result from the proposed actions within the next 3-5 years.• Select key outcomes or changes to track and monitor.◆ Impact on others—Identify the intended and unintended impact the proposed actions will have on others.<ul style="list-style-type: none">• Identify key stakeholders and how they will be affected by the proposed actions.• Given the potential impact of the proposed action, determine whether or not to move forward the proposed action.◆ Sustainability—Identify critical elements that must be in place to sustain the proposed actions over time.<ul style="list-style-type: none">• Identify the top priority elements for sustainability.	<ul style="list-style-type: none">◆ Evaluation methods—Identify short-term (1 year) and intermediate (2-3 years changes).◆ Barriers to success—Identify the challenges or barriers to success that will impede the proposed actions.◆ Community voice—Identify key stakeholders whose input and feed back would provide valuable information and ways to include them.◆ Quick fixes—Identify previous attempts to implement changes similar to the proposed actions, the results of those attempts, and the potential for “quick fixes” now to move the proposed actions forward.◆ Media and marketing—Identify the media and marketing strategies required to support the proposed actions.

Meetings #7-9

August 10, 2004

The purpose of this full-day meeting was to:

- Identify overlapping recommendations and opportunities for collaboration between ad hoc committees.
- Respond to questions and requests for information from other ad hoc committees.
- Review the second draft of the vision statement and gather feedback
- Adjourn to ad hoc committees.

ACTION PLANNING TEAM

The vision statement has been crafted from an action planning team consisting of one member from each of the committees. Their charge is to develop a unified vision for the ad hoc committees, to investigate collaborative themes and to initiate dialogue between groups if such a discussion would be helpful.

The vision originally conceived at the July 13, 2004 meeting has undergone two redrafts. The first change broadens the inclusion statement from the addicted to those who are affected, i.e., family, friends, etc. The second change emphasizes the problem end of the drug use continuum, while de-emphasizing the use of drugs (prescription not illegal) and alcohol – which is and should be legal.

Vision Redraft	Tag Line
#1 Drawing on its cultural traditions, Hawaii is mobilized to work collaboratively, sustaining efforts to ensure a safe and nurturing community by: <ul style="list-style-type: none"> • Providing services and education for every member from the very young to the very old that guarantees a drug free environment; • Sharing the responsibility for the care and treatment of those struggling with the abuse of drugs and alcohol; and • Enforcing reasonable and sensible laws to deter substance abuse. 	Hawaii is a thriving, vibrant, drug free community
#2 Drawing upon its rich and diverse cultural traditions, Hawaii is mobilized to work collaboratively, sustaining efforts to ensure a safe and nurturing community by: <ul style="list-style-type: none"> • Providing services and education for every member from the very young to the very old that guarantees a drug free environment; • Sharing the responsibility for the care and treatment of those affected by drug and alcohol abuse and addiction; and • Enforcing reasonable and sensible laws to deter drug and alcohol abuse and addiction. 	Hawaii is a thriving, vibrant, drug free community

Post Meeting Note:

On August 13, a third redraft of the vision was issued based on the comments from the August 10 meeting.

Vision	Supporting Statement
Hawaii is a thriving, healthy, drug-free community; the fruit of collaborative efforts.	Drawing upon its rich and diverse cultural traditions, Hawaii is mobilized to work together, sustaining efforts to ensure a safe and nurturing community by: <ul style="list-style-type: none"> • Providing services and education for everyone from the very young to the very old that guarantees a drug-free lifestyle which allows each person to realize his full potential; • Sharing the responsibility for the care and treatment of those affected by drug and alcohol abuse and addiction; and • Enforcing sensible and reasonable laws to deter drug and alcohol abuse and addiction.

PREVENTION AD HOC COMMITTEE

The Prevention Ad Hoc Committee has identified three action steps:

1. Foster a sense of belonging to community
2. Develop a statewide prevention plan
3. Promote lifelong learning

At the last meeting, the committee divided into two smaller groups to work on different “prongs” of action areas—a Lifelong Learning Group and a Sense of Belonging Group. They work independently, but re-combine as one large group to update their work on action items and get feedback.

► The Sense of Belonging Group discussed the following:

1. **Action Step 1- Governor/Lt. Governor’s Birthday Card Program**

The group decided to develop the idea of the Governor/Lt. Governor’s Birthday Card Program and incorporate some of the ideas about acknowledging/rewarding successes and involving local businesses. This program would address the risk factors of *low neighborhood attachment* and (laws and) *norms favorable to drug use* (more the norms). It would also address the protective factors of *community opportunity for positive involvement* and *community rewards for positive involvement*.

Some prime opportunities to send the card might include:

- Transition from elementary to middle school/middle to high
- More frequently for younger children: preschool to kindergarten, K-Gr.1, etc.
- Turning 18

Regarding content for the cards (activities the child could accomplish and get a reward):

- The activities and the rewards need to be developmentally appropriate for the various age groups. Rewards could include discounts from local businesses
- A menu would be offered to provide opportunities for all children: sport and non-sport activities, art and cultural activities, physically active opportunities, academic activities, etc.
- There could be some overlap with the DOH’s *Healthy Choice* program
- A parent or other responsible person would sign off on completion of the activity.

A variation on this program was suggested. Rather than having immediate rewards, the youth would complete a set number or series of tasks/activities. The completion would be verified/ validated by a parent or other responsible person. The card would be sent in to the Governor/Lt. Governor’s office and a reward card would be returned.

Impact on Others

The group identified the key stakeholders that would need to be involved, such as:

- Governor and Lt. Governor
- Drug Liaison
- Business/Labor Round Table
- State agencies, i.e., DOH (vital statistics to birth dates)
- Counties, DOE

Outcomes

The group identified some possible outcomes (or successes) if this action were to move forward and some of the things that would indicate that those outcomes had been achieved.

- Increased involvement in the community by both the children and the businesses
- A decrease in graffiti, crime, status offenses
- Businesses may get added business as kids come in to claim their discounts
- Businesses receive and display a sticker/decal in their windows to indicate they are supporters of the community, of the kids, of being a drug-free community, etc.
- The creation of a tax incentive that motivates participating businesses to stay involved
- Specific data is collected about what the kids actually did, what was incentive for them (this would necessitate a mechanism for collecting the activity cards)
- Long-term – a safer, more productive workforce
- The number of rewards claimed could be indicative of the success of the program

Sustainability

Sustainability issues include:

- Need to get vendors to support/sponsor the program. The value to them is the publicity for participation
- Get an initial small grant to help kick-start the program in some communities
- Get the media to help get the word out. Need a sustained coordinated media campaign. Need a mascot.
- Government funding
- Add a local tie in/angle to the ONDCP – national youth anti-drug media campaign

2. Action Step 2- Mini-Grant Program

This program would help small communities develop community-building activities that would have an impact on drug abuse issues. It would:

- be fashioned along the lines of the Hawaii Community Foundation “Mo’ Bettah Together” community capacity building grants;
- utilize the Attorney General’s Community Action Seminars get people together who are interested in drug abuse prevention;
- focus is on community building. There would be no non-profit status requirement for the grants.

Possible grant activities could include:

- Maintenance projects
- Community beautification
- Community festivals
- Community/cultural events

Grant Path

- Grants could be promoted/advertised on the Governor’s website.
- Requests could be submitted to the Governor’s office.
- Hawaii Community Foundation could be the administering agency.
- The accountable person at the local level (requesting group) would be the fiscal agent.
- These would be one-time grants per event or activity. Communities could apply for new grants for new events/activities.
- They would be small, i.e., < \$10,000 (a cap). Expectation is that grants would be more in the \$3,000 range with a match from the applicant in the way of in-kind labor or other match.

- A model could be the *Ho'o Lokahi* program on Kauai. As an example: a community group applied for funds from the county for materials only. The group supplied the labor for the activity.

Impact on Others

The group identified the key stakeholders that would need to be involved, such as:

- The state for the budget
- Hawaii Community Foundation and other private foundations for possible funding or possible management of the grant program
- Counties for facilities, projects
- Explore existing small community coalitions/partnerships formats for bringing small communities together.
- Faith-based organization should be utilized more.

Outcomes

The group identified some possible outcomes (or successes) if this action were to move forward and some of the things that would indicate that those outcomes had been achieved.

- Community pride, ownership
- Esteem
- Measured by:
 - ✓ Number of grants awarded. Total number of \$ awarded
 - ✓ Community feedback on their satisfaction with the process
 - ✓ User satisfaction survey
 - ✓ Number of people involved in the project
 - ✓ Number of businesses or other organizations involved in the process/projects
- Evaluation – project reports, final report about how the money was spent, pictures, etc.; utilize the GANTT chart for reporting format

Sustainability

Sustainability issues include:

- In-kind “sweat-equity” saves the state/county a lot of money
- Businesses have a stake in this program
- Government funded
- Media campaign to let the people know the money is there
- Community/small group/town hall meetings around this idea to make people aware of the possibility
- How will the event or activity funded by the grant be sustained?
- Pledges from businesses
- Leverage grant money with community investment for on-going needs

► The Lifelong Learning Group discussed the following:

At one point the large group had discussed breaking lifelong learning into different age ranges and identified specific risk and protective factors attached to each age categories. The small group re-categorized the original list as:

- Age range: 0-10 R/P Factors: Positive environment/family values
- Age range: 11-14 R/P Factors: Positive actions/peer pressure
- Age range: 15-20 (no R/P Factors identified)
- Age range: 21+ R/P Factors: Stress management issues, unemployment, career factors

The group decided to focus on the 11-14 year olds because there is a critical gap in programming for these youth. For kids below this age there are many organized care programs. As they advance to high school, many programs also exist, and youth may actually be over-programmed at this age.

1. **Action Step 1- Middle School-Age Program**

This program would:

- Have a director at each site location; i.e., middle schools, community recreation centers, parks, beaches (not limited to schools)
- Have group leaders and activities at each site location that are organized/built around teens' interests and needs (possibly one group leader for every 20 youths)
- Possibly cost \$70-80 per month per kid (what A+ costs)
- Have more of an emphasis on socialization; i.e., life skills
- Work to change the "cool factor" from a negative model to a positive model
- Provide some kind of credit for participation (incentive) – either middle school or high school credits
- Require a strong training component on facilitation for Leaders and Jr. Leaders
- Tie in some form of transportation or be located in close proximity to schools
- Necessitate middle school cooperation with program – even though all sites might not be located at middle schools the schools will be essential to disseminate information, and possibly provide some facilities/equipment

Based on the large group feedback, the Lifelong Learning group created the following preamble for their action recommendation (this is the revised, agreed upon version):

Our goal is to promote lifelong learning skills, with an emphasis on the critical developmental stages that continuously address a positive lifestyle

Data

The group identified some data that might help make the compelling case for this action recommendation:

- After School for America's Teens re: after school programs, lack of supervision statistics
- Search Institute material (Developmental Assets)
- Information on how many middle schools have after school activities
- ADAD study, re: involvement in sports, clubs, other school activities outside of class and re: joining gangs
- The number of middle schools in Hawaii (Oahu = 26). This will tell us how many site directors will be needed and how big a program we are looking at. Also, the number of kids in middle school (8,000 in public only – Oahu)
- A middle-school based survey on what teens in this age range are interested in

Outcomes

The group identified some possible outcomes (or successes) if this action were to move forward and some of the things that would indicate that those outcomes had been achieved.

- Increase in community opportunity and rewards for positive involvement (media coverage of positive involvement, community donates \$, supplies) - **A**
- Increase in the number of middle school students involved in after school activities
- Delay in onset of drug use
- Increase in neighborhood attachment
- We would have a program that meets all kinds of teens' needs (academics, music, photography, etc) so that teens can choose to participate in what they enjoy and/or want to explore (related Protective Factor: educational aspirations). There are positive rewards for positive behaviors/participation (related Protective Factor: school rewards for positive involvement) - **B**
- Decrease in juvenile arrests (both 11-14 and high school age). - **C**

Indicators

The group identified some of the things that would indicate that A, B and C outcomes above had been achieved.

A Media Coverage of Positive Involvement

- School newspapers include articles about the program.
- Yearbooks feature positive behavior.
- The program's successes are featured on the news or in different newspapers.
- A congratulatory poster in the community

B Program Meets All Kinds of Teens' Needs and Provides Many Options

- High enrollment in program
- The number and variety of options within the program
- Community and media input – increase of positive comments and acknowledgements from the community of things students in the programs are doing.

C Decrease in Juvenile Arrests

- Statistics will tell us (police reports)
- Community (neighborhood watch) policing reports that go to HPD and schools show there is a decrease in incidents and delinquencies (may not be statewide)

The group was asked to select the *most significant outcome* and its *related indicators*. The group responded that if they had to choose only one outcome, it would be *B (Program Meets Needs and Provides Many Options)*. The group felt if B occurred, it would mean the program was successful and would result in C (Decrease in Juvenile Results), then hopefully, A (Media Coverage of Positive Involvement) would follow.

Impact on Others

The group identified the key stakeholders that would be impacted by the proposed action and discussed the intended impact on these stakeholders:

Stakeholders	Intended Impact
Youth 11-14 years old	<ul style="list-style-type: none">• They will have critical life skills (decision making, no to drugs and gangs, making right choices, team building, social skills), have fun stuff to do, make positive lifestyle choices Explore existing small community coalitions/partnerships formats for bringing small communities together.

Stakeholders	Intended Impact (cont'd)
Middle and High Schools	<ul style="list-style-type: none"> • Increase in attendance and decrease in problem incidents. High schools will be the beneficiaries of the positive results that have been started at the middle school level (e.g., student leaders will have been created at the middle school level). Their role will be more sustaining, continuing rather than creating. Unintended impact – middle and high schools may not like the change in their roles. Also, resources will be taxed and people will fight over money
Teachers	<ul style="list-style-type: none"> • They will have fewer problems with teens at school, both at the middle and high schools. For the middle school teachers, this may result in them not having to volunteer so many extra hours to take care of the students. They could use this time to focus on other important areas. Unintended impact – they might lose their classrooms in the afternoon
Families	<ul style="list-style-type: none"> • They're going to have to change their views about teens.
Community	<ul style="list-style-type: none"> • People in the community will have to change their views about teens (from negative to positive).
DOE	<ul style="list-style-type: none"> • They will have to change their views about teens. Also, money/resources will be a BIG issue (perhaps, the biggest issue).
Police	<ul style="list-style-type: none"> • We don't have to arrest as many teens.

Sustainability

The group identified the critical elements that would be needed to sustain this action over time:

- An alternate provider, if DOE doesn't want to do it.
Possibilities:
 - ✓ Parks and Recreations
 - ✓ Girls and Boys Clubs
 - ✓ The Y's
- School and communities need to work together*
- It is built on what's already in place (i.e., schools).
DOE and middle school buy-in is critical.
- That the program is school-based but not limited to school grounds
- The almighty dollar* – to hire people, transportation, equipment, etc.
- There is a sliding fee scale – who subsidizes?
- \$70-80/kid/month may not be enough, depending on activity; risk management, insurance issues – these would need to be addressed in planning

The group then selected 3 priority elements for sustainability and began to identify strategies for acquiring or building these critical elements. These are:

- School and communities need to work together*
- DOE and middle school buy-in is critical*
- The almighty dollar*

Strategies are:

- Work with community/businesses to secure facilities, resources, donations
- Get a development director or directors who will market the program, get necessary grants and resources
- Get a program coordinator (from DOE) who might do some of this work, but also site leaders
- Within a school district, all site leaders could work together and across districts.

TREATMENT AD HOC COMMITTEE

The Treatment Ad Hoc Committee has three revised action items:

- Enhance system of care and develop resource structure that is adequate to support the continuum of care across the needs structure.
- Increase and retain workforce, including Natural Helpers, and ensure competency.
- Define measures of success both socially and across the individual's life span

Discussions centered on:

1. *Continuum of Care*

- What does the continuum look like related to an individual?
- Could we reference or start with the diagram on page 23 of the report to the legislature or the diagram in the pamphlet?
- How do we expand the medical model to encompass more?
- What drives the continuum of care?
- How do the dollars that drive the continuum integrate the system?
- How do the items on an inventory of resources and the services along the continuum relate to each other?
- What is the relationship structure with and for the client/patient?
- What are the parameters that define treatment on the continuum?
- What qualifies as supportive living arrangements?
- What is a supportive community?
- What measures will demonstrate that the system (continuum) is working?

2. *Changes and Successes Resulting from Enhanced System of Care*

- Adequate resources developed to support the full continuum of care
- Flexibility so that services are delivered at time of need and for those ready
- Services support co-occurring disorders – a holistic approach is in place (voc/educational/behavior/SA)
- Coordinated services exist across the continuum and across diverse communities
- A similar level of care exists for youth including pretreatment for stabilization, and secure & safe environment, for combined behavior and substance use disorders.
- Community assessments will be in place and utilized by continuum
- Interventions occur earlier along the continuum as a result of clearer diagnosis
- Each agency has a designated person for outreach.
- Outreach is “billable” and available 24/7
- The outreach worker is viewed as more than “recruiter” and has supportive relationship with person until the end of aftercare
- Families are involved actively as part of the support system
- Consideration of & funding for decreasing levels of care in follow up
- Commitment to do follow up and maintain contact with clients
- Re-entry programs exist
- Mentoring is a part of aftercare and support system
- People give back and help others as they have been helped
- Independent living skills are used
- Accountability and responsibility demonstrated by those accessing services
- Community awareness of programs, services, resources, and support available
- More resources provided for effective prison programs such as Cashbox & Bridges
- “Training” in place and supported
- We follow our common sense idea about what works
- The continuum of care represents “Aloha”
- The continuum is a system of healing
- Forgiveness is a part of the continuum (giving and accepting)

3. *Measures/Indicators of the Success of the Action*

- Numbers tracked for contacts, intake, follow up, collaborative cases
- Communities find ways to support /fund programs that work and impact the community.
- Everybody in the community knows who to call to access the continuum
- Recidivism decreased due to aftercare
- Gains resulting from treatment will be maintained (therefore treatment will pay off)

COMMUNITY MOBILIZATION AD HOC COMMITTEE

The Community Mobilization Ad Hoc Committee has designated three subcommittees—Template for Successful Community Mobilization Subcommittee, Authority Subcommittee (i.e., outlining what the single authority [“the Authority”] would look like), and the Core Values Subcommittee.

The Template for Successful Community Mobilization Subcommittee distributed a first draft recommended template for community mobilization to the rest of the committee for discussion. It outlines a stepwise process for community mobilization and action, and provides some specific examples of what has worked or what seems to work in certain communities, based on the success stories and strategies for success discussed in the second and third workshops.

A revised draft matrix with action steps, outcomes, and indicators was also distributed for review and discussion. It subdivides the five action steps developed by the committee into nine action steps, presenting a stepwise process for community mobilization, laying out a logical sequence for implementing each step.

Discussions continued on:

1. *Overcoming Barriers to Success*

The Barriers to Success were identified at the July 27 meeting. The Strategies column contains the discussion from this meeting. Note – the table below does not yet contain the proposed revisions to the action steps, outcomes and indicators.

Action Step #1: <i>Identify and mobilize stakeholders by using a process that is appropriate to each community</i>	
Barriers to Success	Strategies to Overcome Barriers
<ul style="list-style-type: none"> • Not having resources for education and information campaign. • Don't have entity within community to raise awareness. Or know how to identify them. • Competition among entities. “Alamahi” syndrome. • A major effort in some other area already exists. How to add another issue. • Gaining trust of variety of community groups and individuals. • How to engage the younger generation. Kid's trust. 	<ul style="list-style-type: none"> • RFPs should require a community outreach/community building piece. • Working together with the communities, the Authority should undertake to identify resources available in the community. • Publicizing successes encourages people to mobilize. One method is a community bulletin board. • Partnerships between communities, those that have success mentoring others. Mentoring is important. • High schools (especially athletics) are important to community identity, e.g., should involve high school football coach.

Action Step #2: <i>Assure that a single point of responsibility is established to develop and implement a system to coach and support key stakeholders in community mobilization skills.</i>	
<p style="text-align: center;">Barriers to Success</p> <ul style="list-style-type: none"> • Entities already exist and may be threatened. • Many funders exist with differing agendas. • Political will and partisanship. Gaining support of administration and leg. • Political necessity of being a success quickly. 	<p style="text-align: center;">Strategies to Overcome Barriers</p> <ul style="list-style-type: none"> • Need to go “back to drawing board” by identifying a responsible entity or person. • Hold “talk story” sessions in the community to help create understanding. • Utilize organizational change strategies. • Engage both community and existing departments to create win-win plan for this “Authority.” • Key-decision makers need to decide this will happen
Action Step #3: <i>Empower and train stakeholders to develop and execute a community mobilization model that is not prescriptive, but is culturally appropriate to an individual community.</i>	
<ul style="list-style-type: none"> • Getting facilitators to implement. Lack of incentives (such as payment). • How to motivate new individuals. Difficult to integrate with personal professional life. 	<ul style="list-style-type: none"> • “Disciple” new people to take up cause. • Devote some resources to beef up education programs and train facilitators. Pay the community facilitators. Pay may be in the form of celebrating and recognizing their role and contribution to success. • We need to network and learn of talent/resources within our communities. • Sustainability. Constantly bring in new people to continue to train. “Grow” new talent. • Share resources among communities. • Communities need to realize government resources are limited and ultimately we need to do for ourselves. • Be sure the Authority is an equal partner with the community. • Resources don’t necessarily mean money but support that comes from various sources within and without the community. Various types over a long period. Everyone brings resources. PARTNERSHIP is key concept.
Action Step #4: <i>Train, educate and support agencies to understand the norms of each community and assure a holistic, sustainable and collaborative approach to services provided.</i>	
<ul style="list-style-type: none"> • Some communities don’t have agencies or access to them. • Lack of capacity of agencies that do exist. 	<ul style="list-style-type: none"> • Be more creative in providing access to community. • Address with the RFP process – build training/educating etc. in costs. • Evaluate existing community resources and support them to promote self-sufficiency. (“Teaching people to fish....”)

Action Step #5: <i>Each community utilizes the model they select to identify actions for social change that strengthens their community.</i>	
Barriers to Success	Strategies to Overcome Barriers
<ul style="list-style-type: none"> • Some communities are not organized enough. • Community doesn't know how to do a strategic plan. • People in small community are related to other so it's difficult to solve own problems. For example, family connections may interfere with success of legislation. • Wide cultural differences within a single community. • Different age groups. • Relationships with one another can help support the problem. 	<ul style="list-style-type: none"> • The Authority will collect information and resources on effective strategies and bring together people to identify a model. • Invite faith community. They have youth, families, they are an organized group.

Another identified barrier is partisan political differences; who gets credit for these efforts? Some strategies to overcome this barrier include:

- Be clear that the recommendations of the Action Planning Team are from a broad representation of the community.
- The Authority must not be political. It should be outside government.
- Legislators can see that there is benefit in supporting the community effort. Community members should hold them responsible to support it.
- Create a smooth transition plan to carry on after these meetings. Have representation from a broad range of entities from different sectors.
- Need to be sure it's the policy of State/County leadership to support the plan.
- The money is already out there. It just needs to be reshuffled and coordinated. Change the role of the resources already out there.

2. **Data and Information – To Build a Compelling Case**

Key pieces of information were selected to build a compelling case. It was noted that much of the data above may be relevant to the indicators.

a. Baseline Data.

- Community Statistics
- Criminal Data
- Youth Data
- ADAD, DOE, UH Center on the Family, CPS, DOH, Adult Mental Health

b. Information on successful local community mobilization efforts. (To demonstrate effectiveness of these programs in Hawaii.)

- Kauai
- Lanai
- Big Island
- Weed & Seed
- Maui
- Molokai
- QLCC

c. Document success of partnerships. (Example, collaborative/coordination of agencies. Is there best practice data?)

d. List of disparate contact points that currently exist. (Conduct a search of United Way's website/database.)

3. *Media and Publicity*

Very Important Issue:

The public perception of the outcome of this Action Planning process is very important. ***It must be presented to the public as a work of a broad group of 70 representatives of the community*** to de-politicize the image of the plan. Publicity will aim to get the word to communities and engage them with the Authority for mobilization. In the long-term, the Authority will be charged with publicity.

Message to the community at large:

You need to get involved and it makes a difference. Positive message of what can be done through mobilization.

Means:

- Authority will publicize its services and resources.
- Authority will help promote communication between groups, help make connections, and networking.
- Authority will do press releases about efforts, and successes.
- Before Authority gets in place, how will we get the word out? All 70 planning team members need to communicate to their own networks.
- Use existing neighborhood organization to get word out.
- Do a documentary of how to combat negatives.
- News stations and feature articles to inspire imagination.
- “Historicizing”— be sure to record/document process, so not reinventing wheel.
- Creation of a speaker’s bureau of members of this team and others involved in successful community mobilization efforts.
- On Kauai, once a week the mayor does TV programs with interviews of community persons.
- Do PSAs.
- AD2 does pro bono ad campaigns for nonprofits.
- Olelo/PBS/HPR can do public service announcements.
- Waianae Seariders produce excellent TV and Radio spots.
- Radio – youth oriented stations.
- “Sassy” and other youth publications.
- Ecumenical organizations, for example, Hawaiian Island Ministries sponsors Capacity Building Workshops for faith-based organizations.

4. *Discussion—Multi-Sector Group’s Coordinating Council vs. Authority*

Earlier discussion focused on the nature of the “Authority.”

- The “Authority” is a facilitator, coordinator, connector, consultant.
- Community asks for the Authority to come assist, e.g., the “Weed & Seed Project” is not top down. It is community owned.
- The Authority is responsible to educate and implement in community working with the grass roots.
- Be sure data tracking system is part of the Authority’s role. And that every community has same data collection in place so that it can be collected and applied to the indicators.

The Multi-Sector group has been developing a similar concept to the Authority called a Coordinating Council. The committee noted it is very important for both committees to discuss their concepts and get on the same page.

Key concern: Multi-sector/Substance Abuse Coordinating Council shouldn't become the Authority. Concern is that multi-sector group at center of web is made up of established, big, old organizations, not the community.

LEGAL CHANGES AD HOC COMMITTEE

The Legal Changes Ad Hoc Committee discussed issues relating to laws and treatment services. It concentrated on a proposed bill to amend Section 806-73, Relating to Adult Probation Records and possible amendments to Act 44.

A representative from the Treatment Ad Hoc Committee was asked to participate in the meeting and provide additional information. Topics covered:

- Information sharing not a problem with waivers, consent forms – can usually get information. Rather timing in getting information is more of a problem.
- Adolescent treatment: HYCF provides information to treatment providers
- Adults can agree to release of (confidential) information about themselves
- HIPAA is OK with release of confidential information if all consent forms, waivers are in order for requested information. Complication is that the agreements have to be worked out between agencies that want to share information
- Probation have been “gate keepers” to information that gets to youth treatment providers
- If someone decides they don't want treatment and indicate that they will not cooperate, more than likely provider will not consider them for their program
- Just because someone has insurance does not assure treatment or adequate level of treatment
- Do not know who is out there providing treatment to those who need help
- Arizona – list of treatment options made available to judges for them to consider for sentencing, Does HI have something like this?
- Persons who are employed by agencies that deal with chemical dependency need to be a Certified Substance Abuse Counselor (CSAC) or have a Master's Degree, if no degree they need to work under supervisor
- Problem is getting people with the Master's Degree (in counseling, social work, or psychology), who want to work in this area, reason is dual diagnosis

Questions for Other Committees

1. Does Treatment or Multi-Sector have any issues with Section 20 Civil Commitments as currently written?
2. For Multi-Sector:
 - a. Does DOE have procedure (administrative rules) to comply with section 302A-1134.6? What is current mechanism to deal with insuring safety of teachers and other students when a student has drugs or weapons in school? Is there current requirement for parents to participate in process?
 - b. The prison infrastructure must be improved. Currently the facilities are not conducive for conducting assessment interviews with defendants being held in prison; space is limited, not enough space to conduct the assessment interviews where confidential information is discussed.
2. For Treatment:
 - a. Are there any adult treatment programs that go into the prisons for all islands?
 - b. Are there any adult treatment programs that will take persons that don't want treatment?

MULTI-SECTOR COLLABORATION AD HOC COMMITTEE

The Multi-Sector committee set an agenda for this meeting. They will:

1. Identify overlapping issues across ad hoc committees
2. Identify representation for the Statewide Coordinating Council
3. Develop a structure for building partnerships and linkages, where to acquire resources, and how to address barriers
 - a. Get feedback from other ad hoc committees

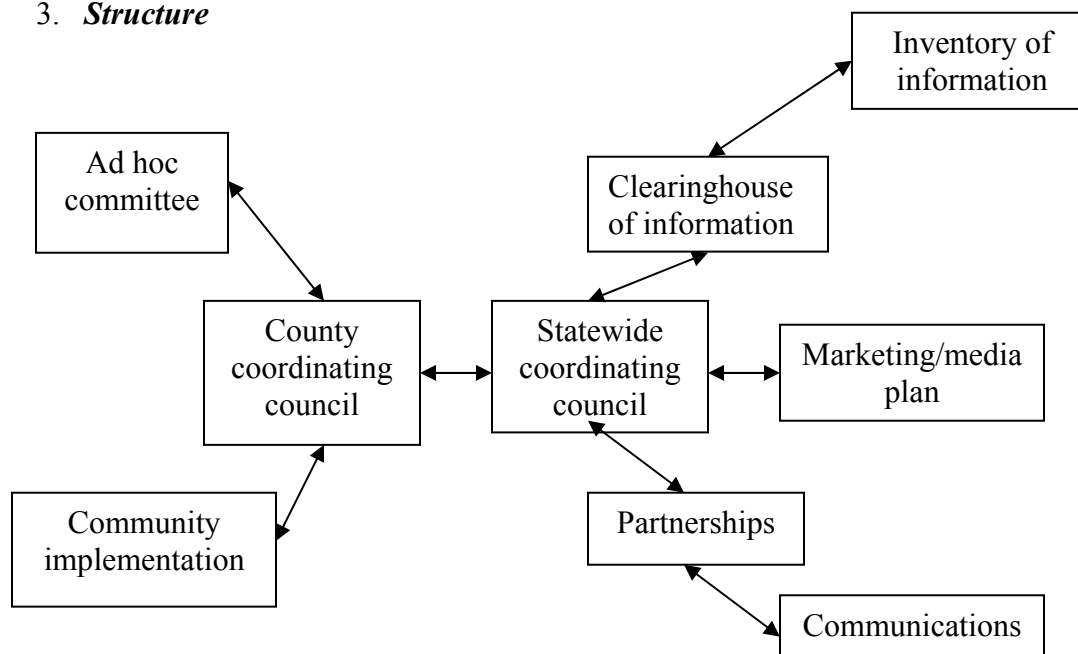
1. *Overlapping issues*

- Need for communication mechanism
- Develop a flexible structure (clearinghouse) at all levels that facilitates community's work on their substance abuse issues (i.e., office on drug control website)
- Coordinated and comprehensive approach to inventory information and resources for county and community levels
- Repository for information (data resource)
- Marketing initiative: media plan so people know where to go for information, resources, etc.

2. *Representation for the Statewide Coordinating Council*

- | | | |
|--|-----------------|--|
| • County – 1 each:
Kauai, Honolulu, Maui,
and Hawaii | • Faith-based | • “Recovery” community |
| • Federal | • Community | • Judiciary |
| • State | • Cultural | • Ad hoc com. rep – 1 each:
Prevention, Legal, Treatment,
Community Mobilization |
| • Business | • Union/Labor | • Medical/Health |
| • Nonprofit | • Philanthropic | |
| | • Education | |
| | • Research | |

3. *Structure*



Questions

- How will decisions be made?
- How will it be structured (i.e. committees)?
Examples:
 - ✓ Size and number of committees
 - ✓ Short-term (i.e. projects) and long-term (i.e., policy or funding issues) needs
- How many will be on the council?
- How will representatives be selected?
- How long will they serve?
- Criteria (i.e., position-based, power-based, knowledge-based, skills; characteristics)?

Goal

Have representatives selected and active in time for next legislative session (starts Nov. 1).

Next Steps

- Solicit feedback and input from other ad hoc committees at the beginning of the next meeting (2 representatives per committee)
- Areas that need to be represented in the statewide coordinating council
- Diagram

August 24, 2004

ACTION PLANNING TEAM

A final vision statement was issued by the action planning team. The statement addresses the question, “*What do we want Hawaii to look like in 2025?*” The vision incorporates the focus of each committee, and the supporting statement expands on the concept. It states:

Vision	Supporting Statement
Free from drug abuse, Hawai'i is a thriving and healthy community, which is the fruit of collaborative efforts.	Drawing upon its rich and diverse cultural traditions and resources, Hawai'i is mobilized to work together, sustaining efforts to ensure a safe and nurturing community by: <ul style="list-style-type: none">• Providing prevention services and education for everyone from the very young to the very old, fostering a lifestyle free of drug abuse which allows each person to realize one's full potential;• Sharing the responsibility for the care and treatment of those affected by drug and alcohol abuse and addiction; and• Enforcing sensible and reasonable laws to reduce drug and alcohol abuse and addiction.

The current version was presented to the ad hoc committees for discussion. The Prevention Committee decided that they could endorse the vision statement as is. The Community Mobilization Committee recommended some changes to the language, but no definitive endorsement was given. Treatment Ad Hoc Committee members stressed the importance of including language to ensure an “enduring commitment” to the three actions in supporting statement; however, no consensus was reached among their members. No comments about the vision statement were evident in either the Legal Changes or Multi-Sector Committee notes.

PREVENTION AD HOC COMMITTEE

The Prevention Ad Hoc Committee’s two smaller groups—the Lifelong Learning Group and the Sense of Belonging Group had outlined action items at the previous meeting. The Sense of Belonging Group worked on two possible steps—the Birthday Card and Mini-Grant Programs. The Lifelong Learning Group also worked on an After School Program for 11-14 year olds. After further discussion, the large group decided that the small groups would continue developing the Birthday Card and After School Programs.

▶ Sense of Belonging—Birthday Card Program

The group identified the areas they needed to flesh out:

- Refine the ages at which the children will receive cards
- What are the expectations for each age group?
- Look at the impact on different islands
- Who are the stakeholders? Who needs to be involved to make this successful?
- How to do this? What are the steps?

Refine the ages at which the children will receive cards

- a) 7 years old
- b) 10 year olds – they are transitioning into middle school
- c) 13 years old – most of these children are transitioning from middle to high school
- d) 14 years old—most will be freshmen, and this may help them through that year
- e) Last card at 17 years to prepare them for becoming adults, moving out into the real world, encouraging them to register to vote

Card Content: What is the message and what are the expectations for each age group?

- Each card will have a birthday greeting from the Governor that also contains a value message
- The same values will be encouraged for every recipient but the message will be tailored to be age appropriate at each stage
- Values include: civic responsibility, cooperation, honesty, courtesy, health choices including drug and substance abuse free

Some age-appropriate, concrete behaviors linked to the above values would be:

7 years old

- Watch less TV and read a book
- Help with chores or other needs
- Return a shopping cart to a store
- Be polite
- Wear a seatbelt, know about and how to use 911, know who and where the McGruff people are

10-13 years old

- Sportsmanship/fairness
- School attendance
- Helping friends
- Volunteer at school or church or other
- Make healthy choices
- Be physically fit
- Visit a library

14 years old

- Start thinking about the future, career, college, etc.
- Have a goal to work for
- Get involved with your community in some way: join a school organization, sports team, community service group, civic groups

17 years old

- Attend a cultural event; e.g., Bon Dance
- Work on a political campaign
- Don't drink and drive
- Be healthy
- Don't smoke
- Be a good role model for younger kids
- Share your *mana'o*

Impact on Various Islands

Because of different opportunities or lack of them on different islands, the discount card idea as a reward may not work everywhere. It is important to give ownership of the reward system to each community as long as the rewards are true incentives for the youth. To be sure they are it is recommended that youth be involved in determining the rewards are:

Stakeholders (refer also to list generated at previous meeting)

- The DOH – need their data base to identify recipients
- Principals and teachers to identify children not born here (and therefore not on the DOH database) and get them enrolled in the program
- The Governor/Lt. Governor's offices
- The Business Labor Round Table/business partnerships
- Chamber of Commerce
- Faith-based communities
- The Drug Liaison

How to do this:

- Could this be an activity for the State Coordinating Council?
- If adopted, this program could start as early as January.
- Get the legislature to give the Governor money for this program
- Use existing infrastructure.
- Have school principals or teachers send data regarding children not in the DOH database - not born here, recently transferred from other country, Mainland, etc.
- The program coordinator makes contact with community coordinating councils or coordinator regarding the reward system

Concepts for compelling case

- This is the *pono* thing to do, the moral thing to do. It teaches good citizenship
- It addresses the lack of community attachment or community detachment.
- It is based on a science-based model that addresses risk and protective factors.
- Every kid at the same age will get the same message

Possibly use Kapolei School list of values as a model

- Cooperation
- Compassion
- Honesty
- Perseverance
- Responsibility
- Heart was added to the original list
- Respect
- Dependability
- Self-discipline
- Courtesy
- Sportsmanship

► Lifelong Learning—After School Program

Action Recommendation Statement

Create a community-based after school program for youth, aged 11-14, that provides a broad spectrum of activities and meets the diverse needs of this group.

- The group agreed that some version of this statement could serve as Part I of the compelling case (stating the recommended action concisely).

The Group then created first drafts of Parts II and III for a compelling case.

Part II: Why is this action compelling?

There is a significant gap in organized programs available for 11 to 14 year olds, during which they are experiencing physical, mental and emotional changes...

Part III: Consequences if not addressed:

Critical life skills must be developed to allow youth to make positive lifestyle choices and be connected to/positively contributing to the community.

After looking at the pieces the group had developed so far, it was suggested that there was really an overarching statement that sat above this compelling case:

Our recommended action plan will promote lifelong learning skills with emphasis on the critical developmental stages that continuously address a positive lifestyle.

TREATMENT AD HOC COMMITTEE

Discussion continued on the proposed action:

Enhance the System of Care (SOC) and develop resource structure that is adequate to support the full continuum of care [across the needs structure].

Items addressed were:

1. ***Critical Data***

Data Available	Data Needed
<ul style="list-style-type: none"> • Wait lists will show need for additional resources, i.e., the number that need treatment versus those in treatment. Can be obtained from Criminal Justice, Judiciary, ICM • Adult Household Survey • Student School Survey • Youth surveys from Hawaii Youth Correctional Facility, DOH-Child & Mental Health Division, Adult Mental Health • ADAM data (arrests) • Emergency room data (DAWN, CEBG) • Homeless data (HCDCH) re: substance abuse 	<ul style="list-style-type: none"> • Current list of bed availability • Inventory of current treatment and recovery resources • Information re: counselor and service shortage • Standardized outcome data • Match between need and type of service

2. ***Impact on Others***

Intended	Unintended
<p>Strongest Impact</p> <ul style="list-style-type: none"> • Resources, including people, facilities, training, \$, etc., are committed, coordinated, and sustained to provide a broad range of services that reflects consumer interests and needs. • Coordination includes linkages between housing/insurance/transportation/childcare/voc. & ed/employment/legal. • More people and families will be served • Communities are part of the process (before, during, after) <p>Other Impact</p> <ul style="list-style-type: none"> • Lower incidences of crime, death, foster care, accidents, etc. • Less money spent for criminal justice system • Stronger, safer, more capable families and communities • Right Treatment, Right Time, for the Right Person • Lower health costs • Improved quality of care • Treatment on demand • Profession more attractive to applicants; higher retention • Getting treatment is more acceptable and so is the “treated” person • Treatment gains sustained longer due to step down and after care. • Data is better so able to acquire more donors • There is “More Hope” leading to donors, policies, business • More kids attending school and more adults in the workforce 	<ul style="list-style-type: none"> • Territoriality and roles challenged • “Status Quo” is challenged • Underground economy impacted • May impact access to some federal funds • More people/agencies “bumping into each other” • Job creation • Shift of focus in intentions of communities • Political backlash • Split in communities

3. ***Success/Measurable Outcomes***

- Access – service available on demand
 - ✓ No wait list
 - ✓ “Capacity Scorecard” re: assessment of availability of treatment services across the continuum by state/county/neighborhood
- Crime rates –as related to drug use/abuse (Weed & Seed data; police department data re: drug related crimes)
- Health-related Statistics e.g., drug use deaths, ADAD data on drug use; no. of babies testing positive, etc.

4. ***Critical Elements to Sustain the Action***

- | | |
|--|---|
| • Stakeholder ownership | • Sharing of knowledge & experience |
| • Community driven support (e.g. key community leaders involved) | • Interdisciplinary, integrated approach with multiple practitioners & resources; and an integrated statewide plan that includes all agencies and resources |
| • Financial support | • Clear communication |
| • Government support | • Marketing |
| • Private industry support | • Celebrations of successes, e.g. National Recovery Month Treatment |
| • Commitment to coordinate through empowered leadership who take on responsibility to follow through | • Technology, including surveillance data |
| • Permanently funded program that will continue the work regardless of the change in political administrations | • Genuine people |
| | • Philanthropy—people caring for others |

5. ***Making the Action Statement More Concise***

The proposed action should involve filling the gaps and addressing what is lacking in the existing continuum to result in a fully enhanced continuum/system of essential treatment services in place to meet the needs before, during, and after.

- Comprehensive Treatment Services
 - ✓ A service may exist along continuum but is lacking in some respect
 - ✓ **Gaps in Service** exist along the continuum:
 - ☐ prior to admission (outreach)
 - ☐ after discharge (aftercare)
 - ☐ adolescent services
 - ☐ dual diagnosis
- Coordinated (Consistent) System
 - ✓ Resources and funding for those in need getting help they need, when they need, where they are
 - ✓ Access
 - ✓ Community responsibility
 - ✓ Increase/retain qualified workforce
 - ✓ **Gaps in System**
 - ☐ Funding
 - ☐ Barriers to access
 - ☐ Quality
 - ☐ Waste and lack of coordination

COMMUNITY MOBILIZATION AD HOC COMMITTEE

The Community Mobilization Ad Hoc Committee heard reports from task forces assigned to specific areas.

► Report from the Task Force to Define the Central Organization

The Multi-Sector Committee is working on a similar concept, and it might be appropriate to let them take the lead. The task force agreed on several characteristics of the organization:

- It should be located outside government.
- Should be set up by statute so there's a mandate.
- Focus should be on community.

The concept is to have the organization form at the county level involving as many people as possible, then representation would rise up to central level.

Some questions: How to get this mandated? Is Weed & Seed a good model? Best is for community to ask the organization for what they need – driven by what community wants.

Members from the Multi-Sector Committee described the committee's concept of a clearinghouse organization that would coordinate information. It would not be "over" other organizations, but "central" incorporating "island teams." Its role would include funding streams, best practices, marketing, information clearinghouse, data warehouse. It would support what is working well already in communities. The nature of the "council" is not yet determined, but should be representative of both private and government.

► Report from the Core Values Task Force

Key concepts in "Criteria for Success" and "Commonalities Among Success Stories" were organized into a list of Core Values for Community Mobilization.

- It's important that these be highlighted in the report. They are integral to HOW community mobilization is done and the way the organization behaves.
- It creates a "checklist for a good process"
- The central organization should be held to these standards, and the values should be shared by those working with the communities

Key Qualities/Values for Community Organizing Efforts

Criteria for Action Steps	Common Elements of Success Stories
1. Is it culturally responsible?	1. Culture. It is important to acknowledge culture and cultural differences when we gather and do our projects
2. Is it an integral part of a holistic system?	2. In projects or groups our work takes place in smaller communities

Criteria for Action Steps (cont'd)	Common Elements of Success Stories
<p>3. Is it sustainable? Does it have various types of sustainability:</p> <ul style="list-style-type: none"> • Self-sufficiency • Long-term funding • Other necessary resources • Does it lead to long-term changes in community norms <p>4. Is it based on economic reality?</p> <p>5. Is there a process that fosters community empowerment?</p> <p>6. Is there a process that fosters individual empowerment? Is leadership fostered?</p> <p>7. Is it collaborative?</p> <p>8. Is it inclusive? Does it engage all sectors?</p> <p>9. Is it community-driven and responsive?</p> <p>10. Is there accountability at all levels? Does it include benchmarks or other measures of success?</p> <p>11. Does it lead to self-sufficiency?</p> <ul style="list-style-type: none"> • Is it a hand up or a hand out? • Kokua versus Kako'o? <p>12. Readiness – is the community ready for it?</p>	<p>3. Each of us has different skills that are complementary. This is the strength of our group</p> <p>4. Spirit of volunteerism</p> <p>5. Attitude of caring and sharing – it's not about ourselves; it's about others</p> <p>6. Community pride</p> <p>7. Community building</p> <p>8. Creating partnerships</p> <p>9. Getting communities to come together and do things for themselves, making them self-sufficient</p> <p>10. Self-determination</p> <p>11. Caring and concern for our communities</p> <p>12. Commitment</p> <p>13. Collaboration</p> <p>14. Appreciation and value for diversity and uniqueness</p>

Note: This will be revised to eliminate duplicates.

- Report from the Roadmap Task Force
- The committee approved the Template for Community Mobilizing, and it will be included as part of the committee's final report.

Steps/Details
<p>1. Identify a leader* in the community* to begin the process of mobilization.</p> <ul style="list-style-type: none"> • The leader needs to be highly visible in the community so as to be able to rally community members, organizations, schools, churches, etc. <p>2. Organize a Planning Group to plan the initial Town Hall Meeting*.</p> <ul style="list-style-type: none"> • The leader contacts the leaders of all community organizations in the community or having a presence in the community such as the community business association, individual businesses, schools, churches, sports leagues, developers, drug treatment and education providers, YMCA, YWCA, Loins Club, Rotary Club, Coalition for a Drug Free Hawaii, etc. to form a core planning group. Do not preclude anyone from participating in the Planning Group. ✓ <i>In organizing the Planning Group, it is important to provide a communications process for each of the members to get the needed information in a timely manner. One suggested process is a "Communications Tree*" that includes both telephone and e-mail. Accordingly, have a sign-in sheet that includes name, organization/business/affiliation/resident, telephone number(s) and e-mail address. Distribute this list to all members, and have the list constantly updated at each meeting. From this list, develop and update the "Communications Tree".</i>

Steps/Details (cont'd)
<ul style="list-style-type: none"> • Town Hall Meeting Planning <ul style="list-style-type: none"> ✓ Include speakers on the agenda to identify the problems being experienced in the community and the need to mobilize: HPD including officers patrolling the beats in the community, Atty Gen Drug Nuisance Abatement Unit, Asst U.S. Atty, drug treatment providers, prevention and education providers, etc. ✓ <i>Ask the guest speakers to remain for a period of time after the meeting so residents can speak with them on a one to one basis to get more clarification on what they said during the meeting, etc. A suggested opener on the agenda is showing a video of the benefits of mobilization experienced by other communities, with the message of also being possible in their community.</i> ✓ Provide a Q & A segment on the agenda for community members to begin to get answers and to vent their frustrations of the situations they're experiencing. ✓ <i>Establish Ground Rules for residents speaking at the meeting to preclude abusive language being directed towards the invited guest speakers.</i> ✓ Have a recorder take notes as to the kinds and locations of problems in the community for later compilation and data analysis. This data is part of the needs assessment of the community. • Publicize, Publicize, Publicize. Distribute flyers to businesses in the community, hang signs around the neighborhood, put up sandwich boards, send out press releases to TV and radio stations and newspapers, send out flyers to schools to send home with each child, etc. When distributing flyers to businesses for display or information, use the opportunity to generate financial support as well. • <i>Whenever possible, use appropriate community building techniques for getting the residents to get to know each other and feel a sense of community and belonging. Different techniques would be employed depending upon whether the meeting is informal or more formal.</i> <ul style="list-style-type: none"> ✓ <i>A suggested technique for new community developments is to hang pictures showing the development of the community at different times, say a picture for every 3 years, around the room showing the date each picture represents. Then have the residents write their names under the picture that most closely represents the time they moved into the community.</i>
<p>3. Convene meeting of the Planning Group soon after the initial Town Hall Meeting to begin to get organized, and plan and conduct the 2nd Town Hall Meeting.</p> <ul style="list-style-type: none"> • 2nd Town Hall Meeting Planning <ul style="list-style-type: none"> ✓ Include on the agenda a topic area for detailed presentation based on the major concern(s) identified at the First Town Hall Meeting. Keep in mind that besides venting, residents attend these meetings to become informed and to get answers. ✓ Allow time on the agenda for Q & As and to also let community members continue venting their frustrations over the situations they're facing as in the first Town Hall Meeting. Again, as in the first Town Hall Meeting be sure a recorder keeps notes on the problems and locations identified. ✓ <i>Establish Ground Rules for residents speaking at the meeting to preclude abusive language being directed towards the invited guest speakers or other residents.</i> • Getting Organized <ul style="list-style-type: none"> ✓ Discuss the Group's Mission and Vision to as to focus on what the purpose they want to pursue and where they ultimately want to be. This discussion may take a meeting or two to get a consensus so as to move forward. ✓ Identify at least one individual to take the Mission and Vision and begin to craft a basic organizational structure for the group to begin identifying leaders to take on various responsibilities needed to sustain the effort. ✓ Establish a committee to begin addressing the questions: "What are the needs of the community" and "What are the resources that can satisfy the needs". This effort needs to look at as many of the community stakeholder segments as possible, including, but not limited to;

Steps/Details (cont'd)
<ul style="list-style-type: none"> → Needs: ADAD – School Surveys, UH Center on the Community, demographics on crime and health, homelessness, socio-economic conditions, etc. Note: Because of the numerous data sources available, it is important to reach out, making contact and maintaining contacts with the numerous involved governmental agencies at the federal, state and city levels, private eleemosynary, educational and treatment organizations, etc. The data available from these identified sources may preclude the need for performing community surveys. → Resources: The organizations providing information on needs will likely have information on resources available if not also providing the actual resources needed. This effort will take a bit longer to achieve, but it must be done, even to get a preliminary sense of where the Planning Group wants to go. Always remember, to keep the community members interested and involved, things need to happen where they are involved, and not just listening to speeches and speakers. • Begin to look at a couple of committees that would help move the effort at this early stage, besides the Needs Assessment committee identified above, such as: <ul style="list-style-type: none"> ✓ A Publicity Committee to publicize the Town Hall Meetings, ✓ Organizational Development Committee for developing an organizational structure and even a strategic plan later, ✓ Programs Committee to look at offerings to the community outside of Town Hall Meetings, ✓ Neighborhood Security Watch Committee to begin looking at setting up a program if crime is identified as a problem and getting neighbors to get to know one another, ✓ and a Finance Committee to begin looking at funding needs and sources. • Look for an organization in the community with a 501c(3) tax- exempt status to receive funding for the Planning Group, so as to be better positioned to receive tax-exempt donations. This would also preclude having to file for the tax-exempt status that can be cumbersome and time consuming. Funding to conduct the various activities of the Planning Group is an important factor in achieving success, as reflected in some basic actions noted above. Network, Network, Network.
<p>4. Continue organizing, begin setting short-term goals, and continue planning and conducting Town Hall Meetings.</p> <ul style="list-style-type: none"> • Organizing <ul style="list-style-type: none"> ✓ Determine the organizational structure that would best fit the community's needs, such as the officers needed to successfully move the effort forward. As a minimum, a president or chair, vice-president or vice chair to take the reins while the president or chair is not available, a secretary or recorder, and treasurer. <i>In some situations, a less formal organizational leadership structure may be appropriate; but, as a minimum, a leader (facilitator) and a recorder of notes are required to move the effort forward and to keep records of decisions made. For some communities, a third party convener who is not involved in the day-to-day community concerns and brings an objective position to the meetings may be appropriate.</i> ✓ Fit the committees determined necessary in Step 3 above into the organizational structure, as appropriate. <ul style="list-style-type: none"> → It is important to fill those committees, most critical to get moving in the near term, with a chair and committee members if possible. Be mindful that there may be insufficient individuals to fill the leadership positions and all the committees that are determined to be needed. Therefore, need to prioritize standing up of the committees. This will also give more time to fill the vacancies that can be held off. ✓ Select a name for the organization, being creative as possible along with a logo. <i>An inexpensive method of getting a logo design that involves the community's youth in the process is to have a contest for high and middle school students, where prizes need not be expensive. Use the name and logo in community parades cross the island, advertisements, T-shirts, bumper stickers, etc. to give the community's residents a sense of community and belonging.</i> ✓ <i>Begin looking at a name for the organization, with the intent that the Planning Group would eventually morph into an organization that would move the effort into the future.</i>

Steps/Details (cont'd)
<ul style="list-style-type: none"> • Planning <ul style="list-style-type: none"> ✓ <i>Developing trust and a rapport with the residents are important considerations in the planning process. An example is recognizing important historical and cultural aspects of the community in order to assure buy-in by the residents. Additionally, planning may require identification of special situations in the delivery of training.</i> ✓ Finalize the Mission and Vision Statements, and have the Group adopt. These should be considered to be fluid and not be used to impede changes in direction, focus, etc. that may occur in the future or even during the organizing process. ✓ The Planning Group needs to discuss the results of the community problem data and resources analyses to be sure that everyone involved understands the needs and goals and then prioritize them for action. Have the Planning Group broadly determine the scope and responsibilities of the committees based on the prioritized needs/goals. With these guidelines, have the committees determine the details of their responsibilities and have them presented to the Planning Group to adopt, <i>for understanding and agreement</i> by the members. ✓ Have the committees begin determining their short term and long term goals based on the prioritized list that need to be achieved in order to move the effort forward. Short term goals for the Programs Committee as an example: Near term educational seminars or the next Town Hall Meeting. ✓ As committees get developed, the end game in this part of the planning process is the development of a year's planned program and budget, which would necessarily be fluid as circumstances dictate. <i>Each committee's year's planned program and budget would be incorporated into the Planning Group's year's planned program and budget.</i> ✓ Have the individual or group that drafted the Mission and Vision Statements or another individual or group begin looking at a strategic <i>or long term</i> plan once the needs and goals have been prioritized and committees have identified their programs, and adopted by the Planning Group.
<p>5. Continue actions for sustainability of effort.</p> <ul style="list-style-type: none"> • Town Hall Meetings <ul style="list-style-type: none"> ✓ Be aware that attendance at Town Hall Meetings will progressively decrease as time goes on. After two or three of these early awareness Town Hall Meetings, interest will decrease significantly. It should not be a concern, however; rather, the important ingredient to community mobilization is: <ul style="list-style-type: none"> → Making sure that activities are occurring in the community. → That there is improvement in the problems identified in the needs assessment, and → Residents are frequently apprised of the Group's actions and feel they have a stake in the effort. • Planning <ul style="list-style-type: none"> ✓ As part of the year's planned program, be sure to include periodic events that involve the whole community, in celebration, in coming together, etc. Also, as mentioned previously, Neighborhood Security Watch forcing people to get connected with each other, helping to create that sense of community. ✓ Consider establishing a WEB site for disseminating information. ✓ Constantly update the year's planned program to be sure that the subjects are timely and still <i>appropriate</i>. ✓ Schedule annual or even mid-year evaluations to be sure the focus, direction and programming are still valid, appropriate and important to the residents. • Organizing <ul style="list-style-type: none"> ✓ <i>In selecting the chair or leader of the organization, that individual must be committed to the process, if a volunteer, for long term sustainability. The other alternative is to generate funds to hire someone.</i>

Steps/Details (cont'd)	
✓	Establish and fill committees as determined necessary. As an example, a Legislative Action Committee should be considered if it is felt that legislation is needed to support the organization's goals. Here again, by networking, in this case with legislators, have one of them representing the community to serve as chair of this committee. Also, look at the businesses in the community to see if they have things they would like to contribute or do for themselves in the effort, and have one of them chair a Business Committee.
✓	Consider establishing support groups through treatment providers and other professionals to help residents address areas identified in the prioritized list needs/goals such as: Family Support Groups, Parent Support Groups for Child Care Programs and Parenting Training, Student Support Groups such as TeenCare, etc. Because community mobilization organizations are made up of volunteer members, each person's long-term participation is not guaranteed. As such, the organization's leadership, including chairs and members, must always be asking residents to participate. The adage is that if a volunteer organization is not growing in numbers, it is dying...because if there are no additions, the numbers will only decrease.
✓	Also remember that everyone who volunteers is busy and as a result they may not be able to attend every meeting and event scheduled. The key is following up with them to be sure actions assigned to them have been accomplished or the current status and scheduled completion date. Also, have them provide written reports for distribution at the meetings. Follow up, Follow up, Follow up.
✓	Remember to always create interlocking connections with as many organizations and individuals as possible to maximize effort and successes, even with those outside of the community, including other communities' anti-crime/drug organizations.

Definitions:

Leader* - Either an individual or organization in a community.

Community* - A specific geographic area or a group of like minded individuals and families desiring to identify themselves as a community.

Town Hall Meeting* - Early in the organizing process in certain communities, a number of gatherings of small groups of people may be more appropriate before convening a more formal meeting of the larger community members .

Communications Tree* -The intent is for members to contact just a few specific members. As in a tree, the top person contacts a few assigned members, and in turn these members contact their own few assigned members, and so on down until all members in the tree are covered.

The Committee also review draft changes to the action steps and indicators. The 8/10/04 version is:

Action Step #1: <i>Establish a single point of responsibility to develop and implement a system to identify, train, and support key stakeholders in community mobilization skills.</i>	
Outcomes	Indicators
Short Term: <ul style="list-style-type: none"> By 2006, an official organizing body charged with the development and implementation of community mobilization is established and funded. Long Term: <ul style="list-style-type: none"> By 2007, communities have access to a single mandated authority that is permanently established and sufficiently funded with the power to coordinate and account for a system to support key stakeholders. 	<ul style="list-style-type: none"> Formal documentation of official organizing body (OOB) - MOA, contract, etc. Should include source of funding, goals and objectives, governance. List of identified key stakeholders per participating community Number of communities that access resources of the OOB.

Action Step #2: <i>Establish baseline data on existing status of Knowledge- Attitude- Practice regarding substance use and related issues.</i>	
Outcomes	Indicators
Short Term: <ul style="list-style-type: none"> By 2005, a baseline KAP on the current level of awareness and participation re substance abuse has been compiled via compilation of existing data and/or community specific survey/focus groups. 	<ul style="list-style-type: none"> Baseline Documentation: (Baseline of community residents' kap re substance abuse issues per community is documented If survey/focus group – documentation of survey/FG process, results)
Action Step #3: <i>Develop criteria for identifying stakeholders to be used in identifying community-specific and statewide stakeholder listings.</i>	
Short Term: <ul style="list-style-type: none"> By 2005, a listing (community-specific and statewide) of individuals, agencies, and organizations meeting “stakeholder” criteria is developed. 	<ul style="list-style-type: none"> List of “stakeholder” criteria List of identified key stakeholders per participating community/statewide
Action Step #4: <i>Develop criteria for measuring “success” of Community Mobilization process.</i>	
Short Term: <ul style="list-style-type: none"> By 2005, a listing of indicators for evaluating effectiveness of program is developed. 	<ul style="list-style-type: none"> Documentation of existing substance abuse behavior per community and statewide Documentation of specific degree of change in existing behavior to be considered significant, per community
Action Step #5: <i>Develop core elements of community training and mobilization process (including participation incentives and mechanisms of support) and process for approving community-specific modifications.</i>	
Short Term: <ul style="list-style-type: none"> By 2005, a core training curriculum and mobilization strategy has been developed. By 2005, funding or other tangible mechanism of community support is secured. 	<ul style="list-style-type: none"> Documentation of curriculum Documentation of community input into curriculum and training/mobilization strategy Community participation support mechanisms in place as documented by MOA, contract, etc.
Action Step #6: <i>Identify and mobilize stakeholders by using community appropriate strategies.</i>	
Short Term: <ul style="list-style-type: none"> An effective community wide education and information campaign that measurably raises community awareness regarding the drug issue and the need to address it as a community is implemented. A community entity, organization or voice emerges through an education and information campaign; leaders emerge; and an environment for positive community interaction is created within a year. 	<ul style="list-style-type: none"> Increased participation in and initiative by community members as documented by attendance at planning meetings, community events. Number of town meetings, gatherings and events. Improvements in negative indicators. (e.g. reduction in youth substance abuse.)

Action Step #6 (cont'd)	
Outcomes	Indicators
<p>Long Term:</p> <ul style="list-style-type: none"> 100% of identified stakeholders become engaged in the effort. 	<ul style="list-style-type: none"> Number of MOUs/MOAs engaged in by individuals or organizations within community. For community group, the citizen group that's formed engages in MOUs/MOAs with other organizations.
Action Step #7: Empower and train stakeholders to develop and execute a community mobilization model that is not prescriptive, but is culturally appropriate to an individual community.	
<p>Short Term:</p> <ul style="list-style-type: none"> Communities will have at least one team of at least five trained facilitators to address community agendas within 6-10 months after stakeholders organize. * <p>Long Term:</p> <ul style="list-style-type: none"> Within _____ years, _____ number of trainings will be done. <p>*Community may be defined by geography, affiliation, and interest.</p>	<ul style="list-style-type: none"> Set minimum number of those trained. Facilitators are trained. Number of trainings per year. Resources for supporting facilitators and the education/mobilization effort are distributed to participating communities as documented by OOB.
Action Step #8: Train, educate and support agencies to understand the norms of each community and assure a holistic, sustainable and collaborative approach to services provided.	
<p>Short Term:</p> <ul style="list-style-type: none"> Key agencies and private industry that can support community initiatives are identified within 6-10 months after communities complete their action plans; initiatives. <p>Long Term:</p> <ul style="list-style-type: none"> Agencies and private industry are informed of community concerns and respond to community needs and support community initiatives. 	<ul style="list-style-type: none"> Action plan is in place. Number of agencies that sign MOUs. Agency identification preceding action plan.
Action Step #9: Each community utilizes the model they select to identify actions for social change that strengthens their community	
<p>Short Term:</p> <ul style="list-style-type: none"> Within one year of getting support from the OOB each community will devise and implement an integrated strategic plan to measurably reduce substance abuse. 	<ul style="list-style-type: none"> Percentage of communities that have a strategic plan. (Want to see increase.) Data on substance abuse in the community. (Use DOE and ADAD data.) Within _____ year(s) of having trained facilitators, the community has a plan in place. Number of communities that go to the Authority (OOB).

These action steps, outcomes and indicators will be revised again and presented at the next meeting.

LEGAL CHANGES AD HOC COMMITTEE

The Legal Changes Ad Hoc Committee discussed various issues:

- References
- Drug Court
- Wire taps

The Treatment Committee did respond to Legal Changes questions from the previous meeting.

1. Does Treatment or Multi-Sector have any issues with Section 20 Civil Commitments as currently written?
No, except need funding capacity. According to our Medical Director, we do not have a problem with Section 20 Civil commitments as currently written.
2. Are there any adult treatment programs that go into the prisons for all islands?
Yes, some available. On the island of Maui we have a dorm at MCCC for men and women where treatment services are provided. However, the majority of the population is Drug Court clients.
3. Are there any adult treatment programs that will take persons that don't want treatment?
Yes. The majority of our clients that enter treatment do not want services. There is generally some type of intervention that takes place that generates engagement in treatment. (legal, family, employment, health, etc.). A major part of treatment in the early stage is to engage the client and move them from pre-contemplation through the stages to change so that they want to stay in recovery.

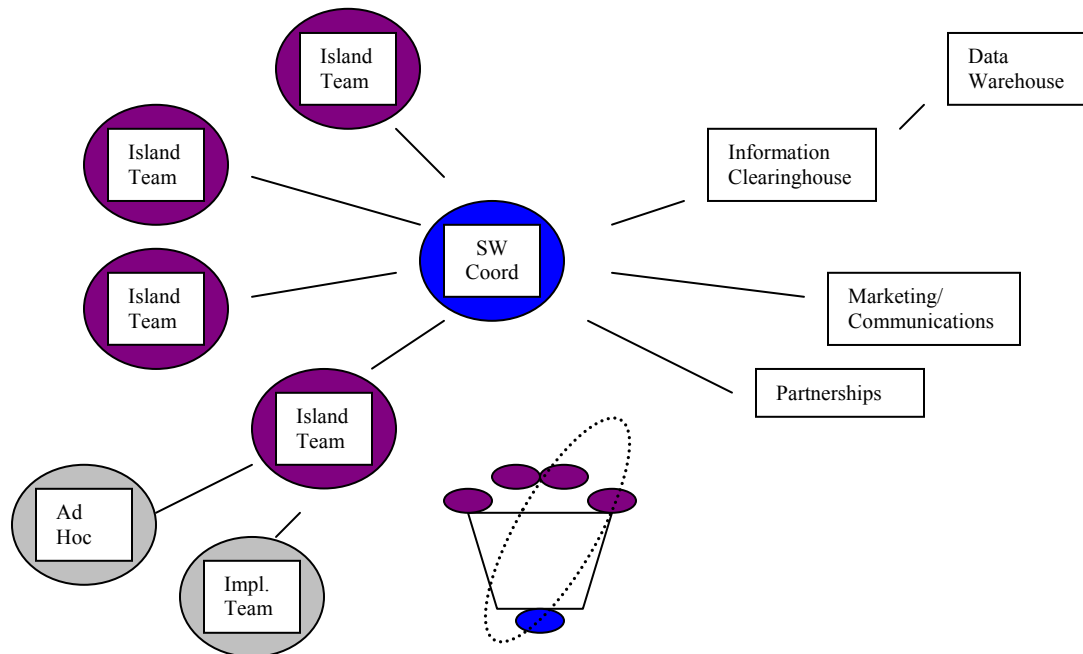
DASH takes federal probation, pretrial and adult probation referrals in our intensive outpatient programs on Oahu and the Big Island. These typically do not want treatment.

MULTI-SECTOR COLLABORATION AD HOC COMMITTEE

The Multi-Sector committee set an agenda for this meeting. They will:

1. Present diagram to other committees
 - a. Solicit feedback and input from other committees
2. Develop a narrative for the diagram
3. Evaluate committee feedback and input
4. Develop council committee structure

1. Revised “Pre-Presentation” Structure



Ad Hoc Committees’ Group Questions

Questions	Answers
<ul style="list-style-type: none"> • [Is there an] Evaluation Component? • Is one of the council’s roles to look at state/county issues? • [What about] Budgetary issues? Better Coordination of funds? Easier access? • Will council endorse island Ad Hoc teams? A lot of groups will form and compete. Who will be looking for duplication and overlap of efforts? • What will house the council? Where will it reside? A new government agency? • Will the clearinghouse have a research and evaluation function? • Will this build on Act 44? Regarding where is it lodged? Or is this a totally separate endeavor? • Where are the links between the Island Teams? Do they always need to go to the council or can they work with each other directly? Is there a mechanism for that? 	<ul style="list-style-type: none"> • Yes, but at island team level; we don’t want to dictate at this point. • Siloed entities would be flowed up to council. • We haven’t resolved that yet. The council may decide to set up a funding committee. • We don’t know how, but we feel it will be a primary role of ours • Island teams will have increased level of governance – we will be a coordination versus policy arm. • Yes. Coordination between teams, and a connection to Council it is hard to depict, though.

Summary of Ad Hoc Committees' Group Feedback

Treatment <ul style="list-style-type: none"> • Structure is okay • Build off existing structures • How to support structure <ul style="list-style-type: none"> ✓ How does it work? • How to get buy-in 	Legal <ul style="list-style-type: none"> • Agreed to need • Liked executive committee • Who are decision makers, advisors? • No representation by legislature • Federal government – no decision making authority (Legislative or Judiciary, too) • Decision makers – state, county, private sector • Funding
Prevention <ul style="list-style-type: none"> • Statewide – too big • Where will organization be housed? 	
Community Mobilization <ul style="list-style-type: none"> • Community Mobilization seeks better statewide coordination of treatment services. Capacity building is key. • Need support from the communities (solutions must be community driven and proactive). • Communities need to improve their organizational and capacity building skills. Leadership should have appropriate training in facilitation skills. 	<p>Q Where will the Statewide Coordinating Council (SCC) be located? (Federal, State, City, County?)</p> <p>Discussion:</p> <ul style="list-style-type: none"> • This "authority" should be outside governmental bureaucracy. • This "authority," or "entity," must have "clout" (i.e., administrative, fiscal, statutory authority). • The authority could be set up as a private non-profit existing under state or federal dedicate funding. • Expectation is that the Statewide Coordinating Council is to be the directing body for funding and setting priorities. • The Statewide Coordinating Council needs to provide support more than ideas. • The Statewide Coordinating Council needs to be more than just an "information turnstile." <p>Q How can this "authority" have clout without government involvement?</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Three* practical based problems need to be addressed by the Statewide Coordinating Council: <ol style="list-style-type: none"> 1. Power/authority 2. Funding/money (influence on allocations) 3. Accountability <p>* Note: Sustainability should be added to this list.</p>

September 14, 2004

PREVENTION AD HOC COMMITTEE

The two subcommittees continued to work on the compelling cases for their respective recommendations in the areas of Sense of Belonging and Lifelong Learning.

► Sense of Belonging

SENSE OF BELONGING	
Recommended Action	Compelling Case
<p>Birthday Card Program Create a program in which the Governor and Lieutenant Governor send each child in Hawaii a birthday card at critical ages (i.e., 7, 10, 13, 14 and 17) with an age-appropriate message about good citizenship and that lists expectations, activities and incentives to help them make positive life choices as an effort to help children establish an early connection to their community and to maintain a sense of belonging.</p>	<ul style="list-style-type: none"> • We want to let our children know we value them. • We recommend the Birthday Card Program as an effort to help children establish an early connection to their community and to maintain a sense of belonging. • As the centerpiece of this program, the Governor and Lieutenant Governor will send each child a birthday card at critical ages (i.e., 7 [early onset of drug use], 10 [transition into middle school], 13 [transition into high school], 14 [sophomore year] and 17 [transition into adult life]) with an age-appropriate message about good citizenship, and that lists expectations, activities and incentives to help them make positive life choices. • The plan is based on the balance between science-based risk and protective factors and our moral obligation to help our children grow up to be resilient, responsible citizens who will address issues in their communities. • If youngsters don't have a sense of belonging they become isolated and may engage in the behaviors that we are trying to prevent: gangs, abuse and neglect, substance abuse, teen pregnancy, etc. The negative behaviors will snowball.
LIFELONG LEARNING	
<p>Network of Activities Create a comprehensive network of after-school activities for youth, age 11 to 14, that is youth-driven and meets the diverse needs of this group.</p>	<ul style="list-style-type: none"> • From age 11 to 14, youth undergo a critical transition period during which they experience significant developmental changes. They have less parental supervision after school than when they were younger but are not yet completely independent. This is the age when we see early onset of problem behavior, including drug use, delinquency, etc. • To address this critical transition period and the challenges it presents, we propose creating a comprehensive network of after-school activities for youth, age 11 to 14, that is youth-driven and meets the diverse needs of this group. The spectrum of coordinated activities should be broad enough to engage as many 11 to 14 year olds as possible, and include and provide opportunities for them to develop the critical life skills that will allow them to make positive life choices and be connected to their community. This network should include programs that are affordable, accessible and fill the gaps in existing activities. • Without this comprehensive network of activities, many 11 to 14 year olds will be left unsupervised during non-school hours. Lack of appropriate structure and guidance during this critical transition period will result in more of them engaging in problem behaviors and getting into serious trouble (i.e., drug use, joining gangs, being arrested, teen pregnancy, etc.).

In attempting to draft an overarching statement that connects the two actions and their compelling cases, the group formulated a statement that could describe the group's underlying philosophy of prevention. The group recognized that their philosophy of prevention was actually contained in the first two bullets of the supporting statement from the vision created for the whole process:

Drawing upon its rich and diverse cultural traditions and resources, Hawai'i is mobilized to work together, sustaining efforts to ensure a safe and nurturing community by providing prevention services and education for everyone from the very young to the very old, fostering a lifestyle free of drug abuse which allows each person to realize one's full potential.

The committee was very gratified to find this key idea about prevention from very young to very old in the final draft of the vision statement as well as the recognition of the importance of our rich and diverse cultural heritage. It was acknowledged that linking the two recommendations back to the vision statement strengthens the compelling case for both recommendations.

The following draft overarching statement will be finalized for the last meeting:

In the course of our work together, the Prevention Committee felt it important to define the group's philosophy of prevention. We agreed that people of all ages were at risk for substance abuse although the contributing stress factors might differ from very young, to teens, to adults and seniors. Because of this, we decided that age-appropriate prevention strategies need to be developed to address the risk and protective factors that are involved at each of the different life stages of an individual. These strategies should be science-based and data-driven, as well as culturally appropriate.

Our committee originally discussed outlining what a statewide prevention plan might look like. As our discussion evolved, two concepts that seemed essential to our idea of a statewide plan emerged, lifelong learning and a sense of belonging to one's community.

Given the time constraints of the planning process, we focused our discussions in two ways:

- 1. We agreed that the actual creation of a statewide prevention plan might evolve out of the work of the Multi-Sector Committee, so we concentrated our efforts on the two essential concepts we identified rather than the entire plan.*
- 2. Although we strongly believe that prevention strategies need to be developed for all age groups, the committee decided to focus on strategies related to children and youth since the data and information tells us that this is the life stage during which people are both at high risk for substance abuse and most able to be reached by prevention strategies. Our ideas were not intended to be the entire answer, merely a starting point for the "prevention at all ages" conversation.*

This is the context in which our action recommendations were created.

A conclusion slide might include:

Additional ideas that the Prevention Committee surfaced but did not have time to complete were:

- *Our recommendations address children beginning at 7 years of age, but prevention really needs to start in early childhood (birth to 7 years). This stage provides wonderful opportunities to help parents and caregivers identify their own stresses and risks related to substance abuse as well as those of their children, and how the two are integrally connected. Therefore, any related prevention strategies should promote working with children in the context of their families.*
- *Substance abuse occurs in our elderly population as well. Some senior citizens are at risk for prescription drug abuse. We should consider prevention strategies for them as well.*
- *We would like to see existing mini-grant programs, like those offered through the Hawaii Community Foundation, expanded to allow more folks the opportunity to create prevention strategies at the neighborhood and community levels. These mini-grant programs should be available to a wider range of communities and would be simplified so that the funds are even more accessible than they currently are.*

TREATMENT AD HOC COMMITTEE

The Treatment Committee's proposed action step is:

Enhance the current Treatment System of Care and develop resource structure that is adequate to support the full continuum of care, which includes outreach and engagement as well as recovery support services.

A compelling case for the proposed action can be made by showing that the rate of treatment success will increase if services at each end of the treatment continuum are developed and available (accessible).

Existing Data & information to make the compelling case:

- ADAD Treatment Survey – wait list of 100-200 for 100 available beds
- Data and research on likelihood of success in treatment if motivational/recovery/ancillary services are provided
- Data on relapses
- Data to reflect appropriate treatment to meet needs

DATA STILL NEEDED TO SUPPORT OUR CASE:

- Evidence that people stay longer in some programs than needed because there is no where to place them
- Evidence/Research that Transitional services are necessary for effective treatment
- Data from prisons; on psychiatric needs, housing, ancillary services used
- National data to support the need for services at the ends of the continuum

Outcomes

- Comprehensive & complete inventory of resources/services is available and a process for assessing and maintaining the inventory is in place, which would include:
 - ✓ Information on people who fall out of the services
 - ✓ Identification of major gaps so that planning will identify priorities to fill the gaps
 - ✓ Group/entity/system to manage & track information/ inventory of services/resources
- Wait list and retention rates will be reduced
- Common set of measures of treatment success that relates to the continuum of treatment care and a plan for implementing use of these measures
- Comprehensive statewide information system
- Other outcomes/indicators of success:
 - ✓ Increase number getting needed treatment
 - ✓ Increase treatment success
 - ✓ Improve match between need and treatment (appropriate services/treatment to meet person's needs)
 - ✓ Increase in % of treatment goals being met
 - ✓ Reduce crimes
 - ✓ Increase quality of life (housing, employment, etc.)
 - ✓ Reduce recidivism
 - ✓ Increase in occurrence of clean urine analysis (UAs)

Impact

- Key stakeholders who need to be involved to implement/refine the proposed action:
 - ✓ Neighborhood/community associations
 - ✓ Government agencies (DOH, DHS, DOE, Judiciary/Criminal Justice System/Housing)
 - ✓ Faith-based communities
 - ✓ Natural community leaders
- Need leadership to convene groups and take action in the community, i.e., Multi-sector Coordinating Council which would result in:
 - ✓ Agencies working toward common goal(s) rather than each agency working on its own priorities
 - ✓ Leadership from public and community/private sectors to make sure things get done
 - ✓ Motivation/authority for community-based leadership to emerge
 - ✓ Goal that all sectors/groups work together toward common goals

Strategies for sustainability over time

- Goal of shared responsibility needs to be in place
- Leadership that is consistent and nonpartisan must be sustained with clearly-defined responsibilities and parameters

- Need resources (\$) to measure outcomes and to sustain the shared responsibility/leadership process
- ADAD funding to obtain consistent data on outcomes
- Training and support for departments and agencies to develop collaboration skills

COMMUNITY MOBILIZATION AD HOC COMMITTEE

Community Mobilization Committee's discussions focused on the items necessary for the final meeting. These included:

Key Factors for Sustainability

- High Priority
 - ✓ The effort is strongly supported by the Governor.
 - ✓ The proposed Council's community organizing efforts are a high priority of all branches of government, including counties.
- Effective Structure
 - ✓ A well-organized structure is in place creating clear connections from the state to the community level and from the community up to the state level.
- Adequate Resources
 - ✓ Sufficient resources are prioritized including money and staff.
 - ✓ Creative means are found to leverage many resources beyond just dollars.
- Strong Leadership
 - ✓ There are strong leadership skills on the proposed Council and in the community.
- Clear Communication
 - ✓ Communication lines are clear and many.
 - ✓ There is an ongoing dialog with the communities.
- Flexible Mission
 - ✓ The proposed Council is not identified as only a "drug" organization, but it has a broader mission to respond to the communities' self-identified issues.
- Ongoing Evaluation
 - ✓ Ongoing evaluation and assessment takes place and results in ongoing adjustments to improve effectiveness and respond to needs.

Key Attributes of the Proposed Council

This list was compiled from the Community Mobilization Ad Hoc Action Planning Committee's action-step criteria and the common elements of the successful strategies it examined.

- It is culturally responsible, demonstrating care and concern for our communities.
- It is an integral part of a holistic system.
- It is sustainable, exhibiting various types of sustainability, such as:
 - ✓ Self-sufficiency
 - ✓ Long-term funding
 - ✓ Other necessary resources
 - ✓ It leads to long-term changes in community norms
- It is based on economic reality.

- It is empowering both for the community and for individuals.
- It fosters leadership.
- It engages the spirit of volunteerism.
- It enhances community pride.
- It is collaborative.
- It is inclusive, involving all sectors.
- It is community-driven, community-responsive and community-determined.
- There is accountability at all levels. There are benchmarks or other measures of success.
- It leads to self-sufficiency. It is a hand up, not a handout – Kokua, not Kako‘o.
- The community is ready for it.

The 9/14/04 version of the Community Mobilization proposed action steps, outcomes, and indicators are:

Action Step #1: <i>Establish a single point of responsibility—such as a Council with community representation--to develop and implement a system to identify, train, and support key stakeholders in community mobilization skills.</i>	
Outcomes	Indicators
Short Term: <ul style="list-style-type: none"> • By 2006, an official Council charged with the development and implementation of community mobilization is established and funded. • By 2006, the Council establishes a local office on every island. Long Term: <ul style="list-style-type: none"> • By 2007, communities have access to a single mandated Council that is permanently established and sufficiently funded with the power to coordinate and account for a system to support key stakeholders. 	<ul style="list-style-type: none"> • Formal documentation of official Council, e.g., memorandum of agreement, contract, etc. This should include funding sources, governance, goals and objectives • Existence of offices on all islands. • List of key stakeholders in each participating community • Number of communities that access resources of the Council.
Action Step #2: <i>Task the Council to:</i>	
a. <i>Establish baseline data on existing Knowledge-Attitude-Practice regarding substance use and related issues.</i>	
Short Term: <ul style="list-style-type: none"> • By 2006, a baseline KAP on the current level of awareness of and participation in substance abuse has been compiled from existing data and/or community specific surveys or focus groups. 	<ul style="list-style-type: none"> • KAP baseline documentation • If survey or focus group, documentation of process and results
b. <i>Develop criteria to identify stakeholders to be included in community-specific and statewide stakeholder listings.</i>	
Short Term: <ul style="list-style-type: none"> • By 2006, a community-specific, statewide listing of individuals, agencies and organizations meeting stakeholder criteria is developed. 	<ul style="list-style-type: none"> • List of “stakeholder” criteria • List of identified key stakeholders per participating community/statewide

<i>c. Develop criteria to measure “success” of Community Mobilization.</i>	
Outcomes	Indicators
Short Term: <ul style="list-style-type: none"> By 2006, indicators to evaluate effectiveness of mobilization program are set. 	<ul style="list-style-type: none"> Documentation of existing substance abuse behavior by community and statewide Documentation of how much change in existing behavior communities will be considered significant and successful.
<i>d. Develop core elements of community training and mobilization, including incentives and support mechanisms, and an approval process for community-specific modifications.</i>	
Short Term: <ul style="list-style-type: none"> By 2006, a core training curriculum and mobilization strategy has been developed. By 2006, funding or other tangible mechanism of community support is secured. 	<ul style="list-style-type: none"> Documentation of curriculum Documentation of community input into curriculum and strategy for training and mobilization Community participation support mechanisms are in place as documented by MOA, contract, etc.
<i>e. Identify and mobilize stakeholders, using community appropriate strategies.</i>	
Short Term: <ul style="list-style-type: none"> An effective community-wide education and information campaign is implemented to measurably raise community awareness of drug abuse issues and the need to address them as a community. Through an education and information campaign, leaders emerge and an environment for positive community interaction is created. Within a year, a community entity, organization or voice emerges. Long Term: <ul style="list-style-type: none"> 100% of identified stakeholders become engaged in the effort. 	<ul style="list-style-type: none"> Increased engagement by community members documented by attendance at planning meetings, community events. Number of town meetings, gatherings and events. Negative indicators improve, e.g., there is a reduction in youth substance abuse. Number of memoranda of understanding or MOAs signed by individuals or organizations within community. Number of community groups that engage in MOUs or MOAs with other organizations or – if MOUs or MOAs aren’t used – that engage organizations and agencies in all aspects of the drug abuse problem, including prevention, intervention and treatment.
<i>f. Empower and train stakeholders to develop and execute a community mobilization model that is not prescriptive, but is culturally appropriate.</i>	
Short Term: <ul style="list-style-type: none"> Within ten months of stakeholders’ becoming organized, communities will have at least one team of at least five trained facilitators to address community agendas. Communities may be defined by geography, affiliation and/or interests. Long Term: <ul style="list-style-type: none"> Within five years, 30 trainings will be done. 	<ul style="list-style-type: none"> Number of facilitators trained. Number of trainings per year. Council distributes documentation of resources for supporting facilitators and the education/mobilization effort to participating communities.

g. <i>Train, educate and support agencies to understand the norms of each community and assure a holistic, sustainable and collaborative approach to providing services.</i>	
<p style="text-align: center;">Outcomes</p> <hr/> <p>Short Term:</p> <ul style="list-style-type: none"> Key nonprofit agencies and private companies that can support community initiatives are identified within 6-10 months after communities complete action plans and undertake initiatives. <p>Long Term:</p> <ul style="list-style-type: none"> Agencies and private companies are informed of community concerns and respond to community needs and support community initiatives. 	<p style="text-align: center;">Indicators</p> <hr/> <ul style="list-style-type: none"> Action plan is in place. Number of agencies that sign MOUs. Agency identification preceding action plan.
Action Step #3: <i>Each community utilizes the model they select to identify actions for social change that strengthens their community.</i>	
<p>Short Term:</p> <p>Within one year of receiving support from the Council, each community will devise and implement an integrated strategic plan to measurably reduce substance abuse.</p>	<ul style="list-style-type: none"> Increasing percentage of communities that have a strategic plan. Department of Education and Alcohol and Drug Abuse Division data on substance abuse in communities. Number communities with trained facilitators that have a strategic plan. Number of communities that ask the Council for support.
<p>Attachments:</p> <ul style="list-style-type: none"> <i>“Key Qualities and Values for Community Organizing Efforts” compiled by the Committee from successful models</i> <i>Successful community mobilization models that can be adapted by communities to the unique local circumstances.</i> 	

The Community Mobilization Committee’s recommendation to establish a statewide council was articulated as follows:

Community leadership is critical to the success of the state’s campaign against substance abuse. Many communities across Hawai‘i have taken the initiative in this campaign, and their efforts need to be strengthened and sustained by government.

In order to establish a more effective partnership between the public and the private sector, the Community Mobilization Committee recommends that a new Council be created by statute and publicly funded. The Council’s purpose will be to provide capacity-building and coordination for community-based efforts to address the problem of substance abuse.

The Community Mobilization Committee includes representatives from community coalitions, service providers, the faith-based community, and law

enforcement. After lengthy research and discussion, the Committee agreed on the following criteria for the proposed Council:

- **Purpose:** *The Council's purpose will be to build the capacity of communities to address substance abuse issues, and to assist communities by coordinating information and resources.*
- **Autonomy:** *The Council should be a public/private partnership that gives its community membership control over decision-making, in cooperation with government.*
- **Establishment:** *The Council should be mandated by statute and appropriated sufficient funds to carry out its mission.*
- **Funding:** *The Council should be publicly funded, and should also be empowered to seek funds from other governmental and private sources.*
- **Locations:** *In order to insure statewide community access and input, the Council should establish at least one branch on every major island: Kaua'i, O'ahu, Moloka'i, Lana'i, Maui, and Hawai'i. Islands with larger populations and/or geographic areas, such as O'ahu and Hawai'i, should have at least two branches. The Council may site its services in existing community-based organizations.*
- **Council Membership:** *The Council's membership should be diverse and include representatives from each major island. Members should be drawn from community-based interest groups including:*

*Community residents
Businesses
Service organizations*

*Self-help groups
Faith-based organizations
Youth*

LEGAL CHANGES AD HOC COMMITTEE

Action items discussed by the Legal Changes Committee were:

- Probation Records (Section 706-63, Hawaii Revised Statutes).
- Act 44, 2003 Session Laws of Hawaii
- Sentencing
- Wire Tap Laws
- Walk & Talk; Knock & Talk.

Compelling case for Probation Records

- Would improve and facilitate treatment outcomes if information reached treatment providers; reduce crime, make communities safer
- Consequence: Less effective treatment without adequate information
- In summary, complete and correct client information needs to be provided to treatment providers to improve and facilitate the client's treatment to reduce crime and make communities safer. If the proper information is not given to the treatment providers, their clients will not get effective treatment.

- Various pieces of the system need to be addressed and/or improved i.e. prison infrastructure
- After infrastructure improved, treatment must be willing to go in and do assessments

Compelling case for Act 44

- Act 44 added inconsistencies with drug sentencing laws and for some serious offenses, such as manufacturing, it provided lower penalties.
- Consequences are that these discrepancies will result in uneven application of laws
- Law would remain inconsistent with public policy behind it
- In summary, Act 44 added confusion and inconsistencies to the drug laws. Failure to amend Act 44 will result in uneven application of the law and the law will be inconsistent with the public policy behind it.

Recommendation on Wire Tap

- Wire taps are an important tool for law enforcement to combat the ice problem, however, due to polarization of the issue and the legislature struggling with this issue for at least the last 7 years, State law enforcement has not be able to use this tool as they would prefer. The legal changes committee recommends that an independent, small (<10) Ad Hoc group be formed to review this issue.

MULTI-SECTOR AD HOC COMMITTEE

The Multi-Sector Ad Hoc Committee's notes for this meeting were not distributed to the other groups, but will be organized and presented in final form at the last meeting.